

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

97 DEC 19 AM 9:56
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **G40806**

1. Corporation Name
WORLDWIDE INC.

Principal Place of Business 11409 HERITAGE OAK CT RESTON VA 22020 US	Mailing Address 11409 HERITAGE OAK CT RESTON VA 22020 US
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REINSTATEMENT *97*

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business In Florida 05/24/1983	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-2299734	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DP	PALLARON, ROBERT	11409 HERITAGE OAK CT	RESTON VA
VTD	PARISI, ROSEANN	53 SAMOSET WAY	ROCKPORT MA E
S	NYSTROM, BARBARA	53 CEDAR STREET	ROCKLAND MA E

*YJB
12-22-97*

8. Name and Address of Current Registered Agent RINDER, LEWIS 1060 SW MARTIN DOWNS BLVD PALM CITY FL 33490		9. Name and Address of New Registered Agent Name 900002380109-6 Street Address (P.O. Box Number Is Not Acceptable) -12/23/97-01025-013 ***758.75 ***758.75 Suite, Apt. #, Etc. City State Zip Code FL	
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10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
 Signature of Registered Agent *[Signature]* Date **12/17/97**
 FL REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *Barbara Nystrom* **Barbara Nystrom** 12/10/97 (207) 236-7000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/97)